

torial opinion, Dr. Register had at least one unanswerable argument—the extract from the Principles of Medical Ethics, of the American Medical Association (which see printed at the bottom of our advertising pages). Apparently this portion of the “Principles” is placed in the class “*facetiae*,” by many prominent members of the association who are connected with medical journalism. The editor in question not only disagrees with Dr. Register, but seems to think the criticism is due to jealousy, and that such journals as object to seeing the association journal the biggest agent to “promote the use of secret medicines” in the United States, are actuated wholly by their own desire to secure more of this self-same advertising. He further says, in commending the publication of advertisements of proprietary medicines: “We have a number and we hope to get more.” We certainly wish him every success in his worthy (?) desire.

THE “ANTITOXIN TRUST.”

About the middle of January the papers (news-papers, so-called) printed a number of dispatches from Chicago to the effect that the manufacturers of antitoxins had formed a trust to raise the price of diphtheritic antitoxin. The statements thus forwarded over the “longest in the world,” and otherwise, were distressing. “Price of death” demanded by the “trust,” etc., etc. One almost began to be nervous lest he should get diphtheria and, not being either a millionaire or a trust, be forced to die the death. The city, too poor to buy antitoxin for its destitute at the enormously enhanced prices asked by the “trust,” would soon become an infected spot, and then—horrors! Scarcely had the nervousness naturally due to such a terrible condition reached its climax, when reassuring word came—not by the “longest in the world,” but by the less speedy if more reliable route of U. S. mail, advising us to the contrary. Within a week from the date of birth of the dreadful rumor of impending doom, one-half of the manufacturers of antitoxin in the United States wrote to the JOURNAL denying the whole story as a baseless fabrication, not even worth transmission over the “longest in the world.” The JOURNAL is relieved and its hysterical sore throat has departed without the use of the new 1000-unit immunizing dose. Singularly, all of the communications anent this subject agree in statement and in detail, so that they may presumably be accepted without question. It would appear from these statements that the explanation is rather simple. Apparently, the various manufacturers of antitoxin have come to the conclusion that they have been putting out too many sorts of packages and varieties of doses, and that this multiplicity of material was a needless extravagance. In consequence, they seem to have come together and reached a general understanding in the matter. The weaker strength of serum is no longer made, and the packages of 500 and 1500 units are no longer put up. Believing that 500 units is too small a dose to be properly immunizing, and that if 1500 units is a good dose, 2000 units is a better one, they have done away with these. Serum may now be secured in but one strength (what was formerly known as “regular,” “X,” etc., no longer being on the market), and at a uniform price; of course the product of each individual manufacturer is still far superior to the product of any other manufacturer—above all things we must be fair and treat all alike, or there will be envy, hatred and malice astir in the land. The prices quoted on packages of 1000, 2000, 3000 and 4000 units are respectively, \$2.00, \$3.50, \$5.00 and \$6.50, being a reduction from previous prices for the same strength serum and size package of 25, 50, 75 cents and \$1.00. “Of course there are liberal dis-

counts to druggists from these prices,” but we are not informed as to the discounts. If, in this day and generation, a mere physician may dare to comment upon the producer and marketer of that which he uses, the action would seem to be rather good than bad. Too many kinds of packages and too many sizes of units only serve to render confusion worse confounded, in the tottering, wavering mind of physicians, and hence anything that releases the over-taxed brain from some of its burden of remembrance is to be welcomed. And, too, there has really been a reduction, if the figures quoted are correct, and of this there seems no good reason to doubt. We almost forgot to say that, in each case, this reduced price includes the very best possible style of aseptic serum syringe and needle.

PUBLICATIONS.

Modern Methods in the Surgery of Paralysis. By Jones and Tubby, of Liverpool and London. We are glad to note the appearance of this little new work which treats in a most exhaustive manner of the later developments in the art of Muscle Grafting, Tendon Transplantation, Arthrodesis, and the numerous operative procedures that recent experiments place at the service of the orthopedic surgeon for the relief of the paralytic deformed. From the vast experience of Mr. Jones, particularly, the book is enriched with numerous case histories and detail records of surgical procedures adopted and the final results. These records are so simple, the work so well planned, and the result so evident, that they add much to the knowledge of the subject and will be of great value to the surgeon, and particularly so to the orthopedist. The book is particularly good in dealing with the deformities due to spastic paraplegia; radical operative methods, followed by persistent training, and supplemented with light braces, are enthusiastically advocated, and many examples are related of comparative cures occurring in the practice of the authors in a disease which has ever been the despair of the surgeon. Many statements are made in an axiomatic manner which at first appear startling: “By a proper appreciation of the available therapeutic and mechanical agencies we need rarely, if ever, encounter any paralytic deformity”; and “If an overstretched and partially paralyzed muscle is placed in a state of rest, it rapidly recovers.” Such remarks as the above occur rather frequently, and are not loose statements of unripe opinion, but are calmly made and supported by good logic and numerous demonstrations. The work throughout proves that the writers are thoroughly conversant with all that has been done in this field, and what is very remarkable for European authors, they are fully posted in the advances made in orthopedics by American surgeons. From end to end the work of Jones and Tubby is well worth the study of those interested in the modern treatment of paralytic deformities. It is published by Macmillan & Co. S. J. H.

Origin of Quaternary Man in the Western Hemisphere. By A. S. Ashmead, M. D., New York. Reprinted from the *St. Louis Med. and Surg. Journal*. Dr. Ashmead presents an excellent discussion of the question which he presents: “Whether the American Indians . . . are not descendants of paleolithic man of Western Europe, who emigrated during glacial times from the Ligurian peninsula by a then existing land route, now almost completely submerged by the Atlantic Ocean, which included in its continuity the Azores, Canaries, and West Indian Islands, and connected the two hemispheres?”